**AFA Rep Teams U16 Trials Consent Form**

**Confidentiality:**

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of child/young person: |  | | | | | | | |
| Name of Club: |  | | | | | | | |
| Preferred playing positions: |  | | | | | | | |
| Address: |  | | | | | | | |
| Date of Birth: |  | | | | | | | |
| Gender: | Male / Female | | | | | | | |
| Name of parent / carer: |  | | | | | | | |
| Day time Tel No  parent/carer: |  | | | | Mobile Tel No parent/carer: | |  | |
| Email address parent/carer: |  | | | | | | | |
| ***Emergency contact information:*** | | | | | | | | |
| Name of alternative adult who can be contacted in an emergency: | |  | | | Relationship to child/young person: |  | | |
| Day time Tel No alternative adult: | |  | | | Mobile Tel No alternative adult: |  | | |
| Please confirm if there any activities that your child can not participate in? | | Please give details: | | | | | | |
| ***Medical information:*** | | | | | | | | |
| Any specific medical conditions requiring medical treatment? | | **Yes:**  Please give details: | | | | | | **No:** |
| Details of medication required (pain/flu/inhaler): | |  | | | | | | |
| Any specific medical condition or disability? | | **Yes:**  Please give details: | | | | | | **No:** |
| Any allergies? | | **Yes:**  Please give details: | | | | | | **No:** |
| Does your child have any access needs? If yes please tell us what we need to do to help them. | |  | | | | | | |
| Details of any dietary requirements (vegan/vegetarian): | | **Yes:**  Please give details: | | | | | | **No:** |
| **Communication** | | | | | | | | |
| Does your child have any communication needs e.g. non-English speaker/hearing impairment/sign  language user/dyslexia. If yes please tell us what we need to do to enable him/her to communicate with us? | |  | | | | | | |
| **Religion & Faith** | | | | | | | | |
| Does your child participate in religion or spiritual practice? Please tell us what it is. | | |  | | | | | |
| What do we need to know to ensure your child’s preferences/needs are met e.g. are there any dietary  guideline/dress codes we need to follow or support? | | |  | | | | | |
| **Consent information - Parent:** *please tick the boxes below* | | | | | | | | |
| * I give my consent to my child taking part in AFA Rep Team Trials. * I give my consent that if an emergency medical situation arises, the organisation/club may act as loco parentis. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made. | | | | | | | | |
| **Young Person:** | | | | | | | | |
| * I agree to participate in The AFAs Rep Team Trials | | | | | | | | |
| **Signature of child/young person :** | | | |  | | | | |
| **Print name child/young person:** | | | |  | | | | |
| **Date:** | | | |  | | | | |
| **Signature of parent / carer:** | | | |  | | | | |
| **Print name parent / carer:** | | | |  | | | | |
| **Date:** | | | |  | | | | |

**The Rep Team Welfare Officer is Bob Leeds and his contact details are** [**bob.leeds@amateur-fa.com**](mailto:bob.leeds@amateur-fa.com) **and T –  +44 (0) 20 8733 2613 #7 | M – 07949315672.**

**The AFA Designated Safeguarding Officer is Jackie Newing and she can be contacted on** [**Jackie.newing@amateur-fa.com**](mailto:Jackie.newing@amateur-fa.com) **and Tel: 0208 733 2613 - Option 5 or Mobile: 07904 649876**